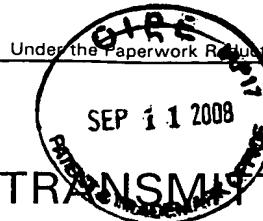


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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 24
+ CERTIFIED COPYAttorney Docket Number **ROCKCO P69AUS****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached - Check \$60.00 <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input checked="" type="checkbox"/> Drawings - Annotated Sheets - 3 pgs. Replacement Sheets - 3 pgs. <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

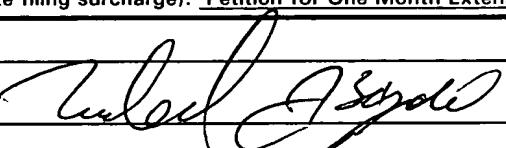
Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	September 9, 2008	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on September 9, 2008.

Signature		Date: September 9, 2008 (tac)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 Fee TRANSMITTAL For FY 2008 <p style="font-size: small;">Applicant claims small entity status. See 37 CFR 1.27.</p>		Complete if Known																																																							
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METHOD OF PAYMENT (check all that apply)																																																									
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____																																																									
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD & DANIELS, P.L.L.C.</u>																																																									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																									
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																																									
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Other (e.g., late filing surcharge): <u>Petition for One Month Extension of term</u> <u>\$60.00</u>																																																									
SUBMITTED BY																																																									
Signature			Telephone (603) 226-7490																																																						
Name (Print/Type)	Michael J. Bujold		Registration No. (Atty/Agent) 32,018																																																						
			Date: September 9, 2008																																																						

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. No. 108-481).

FEE TRANSMITTAL
For FY 2008

SEP 11 2008

 Applicant claims small entity status. See 37 CFR 1.16 and 1.17.

TOTAL AMOUNT OF PAYMENT: \$60.00

Complete if Known

Application No. Filing Date First Named Inventor	10/529,573 effective October 17, 2003 Robert David BLACK and John Alexander BLACK Omar F. Hijaz 4165
Examiner Name Art Unit	ROCKCO P69AUS
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
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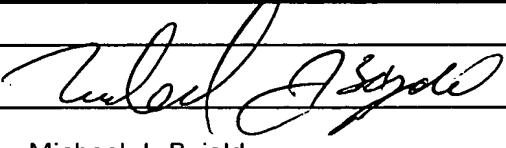
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Signature		Telephone (603) 226-7490
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